

Application for Initial Certification as an Emergency Medical Dispatcher

Section of Community Health & Emergency Medical Services

PO Box 110616, Juneau, AK 99811-0616
Phone: (907) 465-3027 FAX: (907) 465-6736
<http://www.chems.alaska.gov>

Name:	SSN:
Address:	Date of Birth:
	Home Phone:
	Work Phone:

<i>Emergency Medical Dispatcher Training</i>			
Subject	Date	Instructor	Hours
Initial training as an EMD			
Most recent refresher training as an EMD			

<i>Emergency Medical Dispatcher Medical Director Verification</i>	
Agency for which individual serves as an EMD:	Name of physician medical director for emergency medical dispatch service:
As a recognized representative of the emergency medical dispatch service, I attest that the individual named above is working for the agency listed above and that the physician medical director has agreed to fulfill the responsibilities outlined in 7 AAC 26.655.	
<hr/> Printed Name and Title	
<hr/> Signature	<hr/> Date

Application Checklist

The following should be sent to the Section of Community Health and Emergency Medical Services:

- ☐ Completed, signed and notarized application for certification.
- ☐ Evidence of successful completion of a department-approved Emergency Medical Services Dispatcher Training Program.
- ☐ Evidence of a current cardiopulmonary resuscitation credential from a nationally recognized CPR training agency listed on the CHEMS web site. The certification must be for adult, child, and infant CPR and airway obstruction relief maneuvers.
- ☐ A check or money order for \$10 made payable to the Section of Community Health and Emergency Medical Services.

RELEASE OF INFORMATION AND VERIFYING SIGNATURE

I, _____, residing at _____

_____, authorize the Department of Health and Social Services, Section of Community Health and Emergency Medical Services, to examine my EMS education records and any law enforcement records pertaining directly to this application for certification, and to discuss them with persons having possession of them. I also expressly permit and authorize release of such records pertaining directly to this application for certification to the Department of Health and Social Services, Section of Community Health and Emergency Medical Services.

I request that, upon presentation of this release, or a true copy, that you provide copies of those records to the Section of Community Health and EMS and/or representatives of the office of the Attorney General of the State of Alaska.

I authorize the Section of Community Health and EMS to discuss my records with persons or organizations which are considered appropriate by the Section in connection with an official investigation, and to provide copies of my records to those persons or organizations, if appropriate.

I understand that records disclosed to the department may become part of a public record and may not be protected from further disclosure by law.

This authorization is given expressly in connection with my application for certification as an Emergency Medical Dispatcher, in Alaska. This authorization expires one year from the date of my signature or at the expiration of my certification, whichever is last.

I certify under penalty of perjury that the foregoing is true and accurate.

Signature of Applicant

Date

1. **(IN THE PRESENCE OF A NOTARY PUBLIC, POSTMASTER, CLERK OF COURT, JUDGE, MAGISTRATE, STATE TROOPER OR AUTHORIZED STATE EMPLOYEE, IF SUCH OFFICIAL IS AVAILABLE, APPLICANT MUST SIGN HERE.)**

THIS IS TO CERTIFY that on this _____ day of _____, _____, before me appeared _____ to me known and known to me to be the person named in and who executed the foregoing instrument and acknowledged voluntarily signing and sealing the same.

My Commission Expires _____

(2) **(IF THERE IS NO NOTARY PUBLIC, POSTMASTER, CLERK OF COURT, JUDGE, MAGISTRATE, STATE TROOPER OR AUTHORIZED STATE EMPLOYEE AVAILABLE, APPLICANT AND CERTIFYING OFFICER MUST SIGN HERE.)**

I certify under penalty of perjury that the foregoing is true and accurate. No Notary Public, Postmaster, Clerk of the Court, Judge, Magistrate, State Trooper or authorized State employee is available.

Signature of State Approved
EMS Certifying Officer

Location

Important Notes Regarding This Application

The information contained in this application for certification, and in your permanent EMS certification record at the State EMS Office, is considered a "Public Record" and is not protected from disclosure by law. By completing this application and signing it in the presence of a Notary Public or EMS Certifying Officer, you are confirming the accuracy of the information entered on the application.

Your EMS certification records may be retained in electronic, paper, and/or microfilm formats. You have the right to request a copy of your records at any time. Any individual has the right to inspect and copy public records under reasonable rules and during regular office hours. All requests must be made in writing. Information which is non-disclosable will not be made available.

The Department may charge a fee for searching and copying its records in accordance with AS 09.25.110 and 6 AAC 95.130.

It is the responsibility of the applicant to keep the Department informed of his or her current mailing address. The Department will send correspondence, including applications for recertification, to the address on file.

If an individual believes information contained in his or her certification records is incorrect, the individual should notify the Section of Community Health and EMS, in writing, of the perceived error.

For more information about public records in Alaska, the reader is directed to review AS 09.25.110 - 09.25.220 and 6 AAC 95.010 – 6 AAC 95.900.